

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation Gun Owners of America, Inc.		3. FEC Identification Number C C90011693
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 8001 Forbes Place, Suite 102		
(c) City, State and ZIP Code Springfield VA 22151-2205		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report
☒ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year-End Report
- ☐ 24-Hour Report
☐ 48-Hour Report

b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

MM / DD / YYYY
04 / 01 / 2012
THROUGH
MM / DD / YYYY
06 / 30 / 2012

6. TOTAL CONTRIBUTIONS

1955.24

7. TOTAL INDEPENDENT EXPENDITURES

1955.24

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

[Electronically Filed]

Walter J. Olson

Walter J. Olson

07/13/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-A **ITEMIZED RECEIPTS**

PAGE 2 OF 3

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)
Gun Owners of America, Inc.

A. Full Name (Last, First, Middle Initial) Gun Owners of America, Inc.			Date of Receipt	
Mailing Address 8001 Forbes Place, Suite 102			<div>MM / DD / YYYY</div> <div>06 / 21 / 2012</div>	
City	State	Zip Code	Transaction ID : F56.4142	
Springfield	VA	22151-2205	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C			<div>Amount</div> <div>854.63</div>	
Name of Employer			Occupation	

B. Full Name (Last, First, Middle Initial) Gun Owners of America, Inc.			Date of Receipt	
Mailing Address 8001 Forbes Place, Suite 102			<div>MM / DD / YYYY</div> <div>06 / 21 / 2012</div>	
City	State	Zip Code	Transaction ID : F56.4143	
Springfield	VA	22151-2205	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C			<div>Amount</div> <div>1100.61</div>	
Name of Employer			Occupation	

C. Full Name (Last, First, Middle Initial)			Date of Receipt	
Mailing Address			<div>MM / DD / YYYY</div> <div></div>	
City	State	Zip Code	Amount of Each Receipt this Period	
			<div>Amount</div> <div></div>	
FEC ID number of contributing federal political committee. C				
Name of Employer			Occupation	

D. Full Name (Last, First, Middle Initial)			Date of Receipt	
Mailing Address			<div>MM / DD / YYYY</div> <div></div>	
City	State	Zip Code	Amount of Each Receipt this Period	
			<div>Amount</div> <div></div>	
FEC ID number of contributing federal political committee. C				
Name of Employer			Occupation	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page carry total to Line 6)

1955.24

1955.24

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3 OF 3
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Gun Owners of America, Inc.

Full Name (Last, First, Middle Initial) of Payee Voice Broadcasting		Date MM / DD / YYYY 06 / 21 / 2012	
Mailing Address 1527 S. Cooper Street		Amount 854.63	
City Arlington	State TX	Zip Code 76010	
Purpose of Expenditure Robo calls		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: TN <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charles Fleishmann		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 854.63		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Voice Broadcasting		Date MM / DD / YYYY 06 / 21 / 2012	
Mailing Address 1527 S. Cooper Street		Amount 1100.61	
City Arlington	State TX	Zip Code 76010	
Purpose of Expenditure Robo calls		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: TN <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charles Fleishmann		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1955.24		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures 1955.24			
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures 1955.24 (carry total from last page forward to Line 7)			